Agreement #: AG-04H1-B-12-7063 With Vendor: Central Oregon Fire Equipment Inc Page:

SOLICITATION/CONTRACT/ORDER FOR COMMERICAL ITEMS OFFEROR TO COMPLETE BLOCKS 12, 17, 23, 24, & 30						REQUISITION NUMBER				PAGE OF PAGE		
			4. ORDER NU				BER	6. SOLICITATION ISSUE DATE				
AG-04H1-B-12-7063					AG-04H1-S-12-7000					01/05/2012 12:26 PST		
7. FOR SOLICITATION INFORMATION CALL:					b. TELEPHONE NUMBER (No collect calls) 541-471-6746					8. OFFER DUE DATE/ LOCAL TIME 02/22/2012 16:00 PST		
9. ISSUED BY USDA Forest Service	I	CODE		ļ		ISITION IS				ASIDE:	% FOR:	
US Forest Service Kermadine Barton					SMALL BUSINESS WOMEN-OWNED SMALL BUSINESS (WOSB) NAICS:							
Grants Pass Interagency Office					HUBZONE SMALL BUSINESS ECONOMICALLY DISADVANTAGED WOMEN OUNTED SMALL BUSINESS							
2164 NE Spalding Ave. Grants Pass, Oregon, 97526					WOMEN-OWNED SMALL BUSINESS SIZE STANDARD: VETERAN-OWNED OUT OF A STANDARD: OUT OF A STANDARD: OUT							
						SINESS	8(A)			\$ 5.0 m	nillion	
11. DELIVERY FOR FOB DESTINA- TION UNLESS BLOCK IS MARKED					13b. RATING 13a. THIS CONTRACT IS A RATED ORDER UNDER							
										F SOLICITATION		
SEE SCHEDULE 15. DELIVER TO		CODE		16. ADMIN	NISTE	RED BY		X RFQ	IF	CODE	RFP	
15. DELIVER TO CODE					Kermadine Barton Grants Pass Interagency Office							
					2164 NE Spalding Ave. Grants Pass, Oregon, 97526							
17a. CONTRACTOR/ CODE FACILITY CODE				18a. PAYMENT WILL BE MADE BY CODE								
Central Oregon Fire Equipment Inc				Refer to Exhibit B								
4117 La Mesa Redmond, Oregon, 97756												
TELEPHONE NO. 541-923-0411												
17b. CHECK IF REMITTANCE IS DIFFERENT AND PUT SUCH ADDRESS IN OFFER						IVOICES TO A CHECKED		SHOWN IN BLOC ADDENDUM	K 18a UN	NLESS BLOC	K	
19. ITEM NO.	20. SCHEDULE OF SUPPLIES/SERVICES				(21. QUANTITY	22. UNIT	23. UNIT PRICE		24. AMOUNT		
VIPR I-BPA for Mobile Laundry Units for Region Pacific Northwest Region												
(Use Reverse and/or Attach Additional Sheets as Necessa 25. ACCOUNTING AND APPROPRIATION DATA							26. TOTA	L AWARD AMOU	JNT (For t	Govt. Use On	ly)	
X 27a. SOLICITATION INCORPORATES BY REFERENCE FAR 52.212-1, 52.212-4. FAR 52.21 X 27b. CONTRACT/PURCHASE ORDER INCORPORATES BY REFERENCE FAR 52.212-4. FA								X 4	=	=	ATTACHED	
28. CONTRACTOR IS REQUIRED TO SIGN THIS DOCUMENT AND RETURN _ COPIES TO ISSUING OFFICE. CONTRACTOR AGREES TO FURNISH AND DELIVER ALL ITEMS SET FORTH OR OTHERWISE IDENTIFIED ABOVE AND O ADDITIONAL SHEETS SUBJECT TO THE TERMS AND CONDITIONS SPECIFIES					ON ANY DATED							
30a. SIGNATURE OF OFFEROR/CONTRACTOR /s/ Donna Maxey				31a. UNITED STATES OF AMERICA (SIGNATURE OF CONTRACTING OFFICER) /s/ Kermadine Barton								
30b. NAME AND TITLE OF SIGNER (Type or print) Donna Maxey - 30c. DATE SIGNED 03/05/2012					31b. NAME OF CONTRACTING OFFICER (Type or print) Kermadine Barton 31c. DATE SIGNED 04/24/2012							

Agreement #: AG-04H1-B-12-7063 With Vendor: Central Oregon Fire Equipment Inc Page: 2

Schedule of Items

Dispatch

Item Description Equipment ID Center Rates

VIN Number: 4P2WB30363U41054

Mobile Laundry Type 1 301 OR-CVC

Daily Rate \$1992.00/Day
Mob/Demob Rate \$3.75/Mob/Demob

Load Rate \$0.40/Load

Insurance Policy Expiration Date:08/28/2012

Location City: REDMOND Location State: OR

Production Capacity (pounds): 2500

Single Load Capability: Yes

VIN Number: 4P2WB30363U41054

Mobile Laundry Type 2 301 OR-CVC

Daily Rate \$1990.00/Day

Mob/Demob Rate \$3.75/Mob/Demob Load Rate \$0.40/Load

Insurance Policy Expiration Date:08/28/2012

Location City: REDMOND Location State: OR

Production Capacity (pounds): 2500

Single Load Capability: Yes

```
Vendor Information
Company Name: Central Oregon Fire Equipment Inc
DBA:
DUNS: 045447211
Company Address:
4117 La Mesa
Redmond, Oregon, 97756
Mailing Address: same as above
Contact:
Name: Donna Maxey
Email: maxeyce@cbbmail.com
Daytime Phone: 541-923-0411
Evening/After Hours Phone: 541-480-7591
Cell/Alternate Phone: 541-280-4995
Fax: 541-923-0411
Discount Terms:
none
Business Status
HUBZone: N
Service-Disabled Veteran-Owned Small Business: N
8(a): N
Women-Owned Small Business: Y
Economically Disadvantaged Women-Owned Small Business: N
LSA Flag: N
Supporting Documentation
Has Insurance (other than Workers' Compensation): Yes
Has DOT inspection(s): Yes
Has Workers' Compensation Insurance: Yes
Workers' Comp. Insurance Expiration Date: 04/01/2012
Has sufficient employees: Y
Is registered in CCR: Y
Has completed ORCA: Y
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